nder the Paperwork Reduction Act of 19		Application Numb		9/580,018		
TRANSMITTAL FORM  (to be used for all correspondence after initial filing)		Filing Date	M	ay 26, 2000	RECE	
		First Named Inve	ntor So	chenk, Dale B.		
		Group Art Unit	16	647	SEP 1	
		Examiner Name	St	naron L. Turner	TEOU OF UPP	
otal Number of Pages in This Submi	ssion 9	Attorney Docket N	umber 15	270J-004760U	LCH CENTER	
	ENCL	OSURES (check all th	at apply)			
Fee Transmittal Form (PTO/SB/1 (1 page, in duplicate)		Assignment Papers (for an Application)		After Allowance Communication to Group		
Fee Attached	☐ Drawin	☐ Drawing(s)		Appeal Communication to Board of Appeals and Interferences		
Amendment / Reply (2 pages)	Licens	Licensing-related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
After Final	Petitio	Petition		Proprietary Information		
Affidavits/declaration(s)		n to Convert to a ional Application		Status Letter		
Extension of Time Request (PTO/SB/22) (1 page)		Power of Attorney, Revocation Change of Correspondence Address		Other Enclosure (please identify be		
Express Abandonment Request		☐ Terminal Disclaimer ☐ Request for Refund		Return Receipt	Postcard.	
☐ Information Disclosure Statemen	CD, No	umber of CD(s)				
Certified Copy of Priority Document(s)		The Commissioner is a Deposit Account 20-14		orized to charge a	ny additional fees	
Response to Missing Parts/ Incomplete Application						
Response to Missing Parts under 37 CFR 1.52 or 1.53						

I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on this date September 6, 2001 and is addressed to: Assistant Commissioner for Patents Washington, D.C. 20231 on September 12, 2002. Rosemarie L Celli Typed or printed name

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PTO/SB/17 (11-01)

Patent and Trademark Office: U.S. DEPARTMENT OF Complete if Known    Complete if Known	CEIVI SEP 1 9 2 H CENTER
Filing Date May 26, 2000  Patent fees are subject to annual revision.  Application Number Salvation  Filing Date May 26, 2000  First Named Inventor Schenk, Dale B.  Examiner Name Turner, Sharon  Group Art Unit 1647  Attorney Docket No. 15270J-004760US  METHOD OF PAYMENT (\$) 1960  METHOD OF PAYMENT (check all that apply)  Check Credit Card MoneyOrder Other None  Deposit Account:  Deposit Account 20-1430	H CENTED
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The Commissioner is authorized to: (check all that apply)  Charge fee(s) indicated below  Credit any overpayments  112 920* Requesting publication of SIR price Examiner action  Examiner action	r to
Charge any additional fee(s) during the pendency of this application	ſ
Charge fee(s) indicated below, except for the filing fee 115 110 215 55 Extension for reply within first more	th
to the above-identified deposit account.  116 400 216 200 Extension for reply within second month	
117 920 217 460 Extension for reply within third mo	nth
1. BASIC FILING FEE  arge Entity   Small Entity   218 720   Extension for reply within fourth month	
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101 740 201 370 Utility filing fee 120 320 220 160 Filing a brief in support of an appe	al
107 E10 1007 255 Plant Sline for	
108 740 208 370 Reissue filing fee 138 1,510 Petition to institute a public use proceeding	:
114 150 214 80 Provisional filing fee 140 110 240 55 Petition to revive – unavoidable	
SUBTOTAL (1)  (\$)  141 1,280 241 640 Petition to revive – unintentional	
142 1,200 242 640 Offinity issue lee (of reissue)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 143 460 243 230 Design issue fee	
Fees from 144 620 244 310 Plant issue fee	
Extra Claims below Fee Paid 122 130 Petitions to the Commissioner	<b>  </b>
Total Claims	
ndependent lairns -3** = 126 180 Submission of Information Disclos	
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Large Entity Small Entity 146 740 246 370 Filing a submission after final reject (37 CFR § 1.129(a))	tion
Code (\$) Code (\$) Fee Description 149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b))	
102 84 202 42 Independent claims in excess of 3  104 280 204 140 Multiple dependent claim, if not paid  105 16 205 9 Claims in excess of 20  179 740 279 370 Request for Continued Examination (RCE)	n

SUBMITTED BY Complete (if applicable)								
Name (Print/Type)	Rosemarie Celli	Registration No. (Attorney/Agent)	<b>397</b>	Telephone	650-326-2400			
Signature	KOSP	none 2 ()		Date	September 12, 2002			

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Other fee (specify)

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Request for expedited examination

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\*\* Reissue independent claims

and over original patent

over original patent \*\* Reissue claims in excess of 20

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SUBTOTAL (2)

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